PART B - FEE(S) TRANSMITTAL

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76808	7590 10/19	n	nave its own certificate of maining or transmission.												
Leason Ellis Ll			т	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE HEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.											
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White Plains, N	Y 10601		(Depositor's name)												
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APPLICATION NO.	FILING DATE	FILING DATE		FIRST NAMED INVENTOR		RNEY DOCKET NO.	CONFIRMATION NO.								
10/518,724 07/08/2005			Stephane Lavallee 0353/0588-US0 5647				5647								
TITLE OF INVENTION: DETERMINATION OF THE POSITION OF A RADIOGRAPHIC OR RADIOSCOPIC UNIT															
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	JE PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE								
nonprovisional	NO	**** \$75	5 \$300	\$0 	MMA \$1055		01/19/2010								
EXAMINER		ART UNIT	CLASS-SUBCLASS			7200									
LARYEA, LAWRENCE N 3768			600-426000												
Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list (1) the names of up to 2 registered patent attempts 1 Leason Ellis LLP															
CFR 1.363).	1	(1) the names of up to 3 registered patent attorneys 1													
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.												
								3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.															
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)															
PERCEPTION RAISONNEMENT ACTION EN MEDECINE LA TRONCHE, FRANCE															
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government															
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)															
Issue Fee	are suomitted.		A check is enclosed.												
	No small entity discount	Payment by credit card. FOYMYTO ZONO IN ANTENNA													
Advance Order -		The Director is hereby authorized to charge MANAGEN, any deficiency, or credit any													
overpayment, to Deposit Account Number 50-4570 (enclose an extra copy of this form).															
5. Change in Entity Status (from status indicated above)															
a. Applicant claims SMALL ENTITY status. See 37 CFR 1/27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in															
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Authorized Signature							,								
Typed or printed nam	ne <u>Edward</u> J	. Ellis .		Registration	No. <u>4</u>	0,389									
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